



# Return Forms to Activity Center!

**For 1st-5th graders!**

## Spring Break Camp

Wed. April 17-Mon. April 22, 2019 // 8:30am-4:30pm

### Cost

\$148 Res.  
\$156 Nonres.



**Wednesday, 4/17: Magic Show at the Arts Barn**  
**Thursday, 4/18: Catoctin Wildlife Preserve**  
**Friday, 4/19: Movies and Pizza**  
**Monday, 4/22: Maryland Science Center**

### IMPORTANT INFORMATION:

Program is 8:30a.m.-4:30p.m. (NO before or after care)  
Drop off/Pick Up at Activity Center at Bohrer Park  
Children must bring a lunch everyday  
Small snacks will be provided daily  
\$3/every 10minutes will be charged to late parents after 4:30pm  
\*Trips may change. Detailed schedule available the first day.

**Questions?** Contact Sydney Zintchem at 301-258-6350 or  
[Sydney.zintchem@gaithersburgmd.gov](mailto:Sydney.zintchem@gaithersburgmd.gov)

**DO NOT RETURN FORM TO SCHOOL**

**Mail registration form to:** Activity Center, 506 S. Frederick Ave.,  
Gaithersburg, MD 20877  
**or fax to:** 301-948-8364, **or register online at**  
[www.gaithersburgmd.gov/recxpress](http://www.gaithersburgmd.gov/recxpress)  
Checks made payable to the City of Gaithersburg. Visa, MasterCard,  
American Express and Discover cards accepted.

☐ Check here if new address/phone since last time registered.

City Resident ☐ Nonresident ☐

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_

Address \_\_\_\_\_ APT \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Emergency Contact Name (other than parent) \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Email \_\_\_\_\_

Participant's Name	Sex	Birthdate M/D/Y	Location	Grade	School	Fee
			ACBP			\$

Does your child(ren) have any allergies, medications, or conditions that may affect participation in the program? ☐ Yes ☐ No

Please Specify: \_\_\_\_\_

Describe any ADA (Americans with Disabilities Act) accommodations or any physical, psychiatric, behavioral or other concerns for which you will make a special request for a change or adaptation: \_\_\_\_\_

I hereby voluntarily wish to attend, and/or grant permission for a family member under my custody or supervision to attend the activity sponsored by the City of Gaithersburg. I understand that we do so at our own risk and that I am responsible for the insurance in case of any harm or injury to me and/or the family member. I know, understand, and acknowledge that there are risks associated with the use of City buildings/equipment/personal property and hereby assume any and all risks and hazards associated therewith, and shall be solely responsible for safe and reasonable use. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, its employees or agents will not be responsible for any personal property lost by me and/or family member or for any harm or personal injury sustained in the program. I also consent to the City's use of any photographs and/or videotapes made of the program. I understand that all program/activity withdrawals are subject to processing fees and that some programs/activities are non-refundable in accordance with the Department of Parks, Recreation and Culture Withdrawal and Refund Guidelines. I/we agree to follow all facility rules and regulations, including all instructions from any City staff, and understand that I/we may be subject to removal if any rules, regulations or instructions are not followed. If City-provided equipment is used, I/we agree to use it only at the facility where provided and to use it according to any rules, regulations or instructions, and prior to my/our leaving the facility to return it in the same condition as it was when received. I understand the City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act and other applicable law, and that I am responsible for making a request for reasonable accommodation in advance, at least two weeks prior to the start of the program, to allow the request to be considered and any reasonable accommodations to be put in place. It is understood that entry to the program may be delayed (or denied if late entry cannot be permitted) if a request which does not allow the City sufficient time to consider and/or make preparations for the requested reasonable accommodation.

Print Parent/Guardian Name \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash ☐ Check # \_\_\_\_\_

Visa/MC/AMEX/Disc# \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Print Name (name on card) \_\_\_\_\_

**Office Use Only: Activity #7453**

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_ RW \_\_\_\_\_

